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ENSURING ACCESS TO QUALITY
HEALTH CARE IN CENTRAL ASIA

TECHNICAL REPORT:

'Keeping Children Healthy' Campaign

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November 2000

Almaty, Kazakhstan



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I. Abstract

The “Keeping Children Healthy” campaign is a ZdravPlus community level health promotion campaign. It is designed to complement the piloting of WHO and UNICEF’s IMCI (Integrated Management of Childhood Illness) strategy in Kazakhstan, which trains doctors in managing and preventing child illness at the primary care level. Since knowledge of ARI (acute respiratory infection), diarrhea, anemia and the benefits of breastfeeding are limited in Kazakhstan, the campaign aims to empower children’s caregivers to improve their children’s health through exposure to better information on these subjects.

This document looks at the campaign’s implementation process. It describes how information is targeted towards specific population groups in a number of pilot sites through various mediums: leaflets, videos, radio plays broadcast at home and in the bazaar, and a nurses’ competition aimed at enabling nurses to act as a direct information dissemination point for the community. To facilitate implementation, ZdravPlus carried out the “Keeping Children Healthy” campaign with the help and support of various local partners.

II. Executive Summary

In 2000 in Kazakhstan, ZdravPlus partnered with WHO to pilot WHO and UNICEF's Integrated Management of Childhood Illness (IMCI) strategy in Central Asia. The five pilot sites chosen in which to train doctors on managing and preventing child illness coincide with existing ZdravPlus pilot sites. To complement the training, ZdravPlus also initiated a community level information campaign called "Keeping Children Healthy" to make the community aware of key issues related to the prevention and recognition of child illness.

The campaign is focused on four main issues: ARI (acute respiratory infection), diarrhea, anemia and the benefits of breastfeeding. Knowledge of such issues in Kazakhstan is varied and it is hoped the campaign will positively affect the knowledge, attitudes and practices of the population towards children's health through improved information. The campaign has been developed to reach as wide an audience as possible through various mediums: leaflets, videos, radio plays broadcast at home and in the bazaar, and a nurses' competition aimed at empowering nurses to inform the population about key health issues and helping them to connect with the community. (See annexes).

The campaign is aimed specifically at women of reproductive age (15-40), pregnant women, women with children under five and other caregivers who can help and influence the primary caregiver.

Each campaign will last for two months and will take place after physicians at the pilot site have completed IMCI training. The first campaign took place in Semipalatinsk in late 2000 in order to coincide with the high incidence of ARI in the winter months.

ZdravPlus has worked with the Oblast/City Health Departments, Family Group Practices, the Center for Healthy Lifestyle and various NGOs to develop implementation plans for each pilot site. By working together in this way ZdravPlus has ensured optimal exposure for the radio and video plays on radio and TV, and at bazaars, supermarkets and factories at minimal cost. ZdravPlus has also hired a well-known medical journalist in each site to write related articles in various newspapers in both Russian and Kazakh. These articles will also be available to FGPs in addition to booklets on "Keeping Children Healthy", leaflets on ARIs and diarrhea, and mother/child posters.

The various partners will also work together to oversee a nurses' contest in which nurses will partner with FGP physicians to give lectures, disseminate campaign materials, create information booths and initiate community groups. A jury of representatives from ZdravPlus, WHO and the local Oblast/City Health Department will oversee the competition.

In order to monitor and evaluate each campaign, the ZdravPlus Kazakhstan Health Promotion (KHP) team will visit each city half way through the campaign to observe, monitor and recommend solutions to any problems that have arisen. Monitoring will also take place through the nurses' contest jury. The overall campaign will be evaluated by a pre and post-survey which will measure changes in knowledge related to the key issues, and seek to identify areas where health workers and the community could receive further training. A report analyzing the campaign will also be produced.

III. Background and Rationale

Annually, nearly 12 million children in the developing world die before their fifth birthday. Many of these children die during the first year of life¹ and approximately 70 percent of these deaths are attributed to preventable conditions such as acute respiratory infections (mainly pneumonia), diarrhea, measles, malaria or malnutrition.²

In order to improve the treatment and prevention of such childhood diseases, WHO and UNICEF have developed a strategy called Integrated Management of Childhood Illness (IMCI). IMCI promotes interventions to prevent and manage childhood illnesses at three levels – the health system, the health facility, and the community. At the health system level, IMCI promotes access to affordable or free drugs and formula for children. It also calls for access to health workers who can adequately treat children and communicate with their families. At the facility level IMCI provides guidelines for managing childhood problems, and training to health workers to treat and recognize illnesses correctly. Health workers are also trained in how to solve problems such as feeding at home and referrals of severely ill children to the hospital. At the community level IMCI promotes key family practices, including breastfeeding and ensuring that children consume adequate amounts of micronutrients. Community level activities focus on: educating and changing the behavior of caregivers in the fields of proper childcare, the improvement of nutrition, child development, and links between the community and the health facility.³

In July 1997, Kazakhstan was selected as the pilot country for IMCI in Central Asia. One of the key goals of this pilot project was to introduce clinical training in IMCI in areas in which health reforms were ongoing. In 2000, ZdravPlus (formerly ZdravReform), a leader in promoting primary health care reforms in Central Asia, partnered with WHO to support the implementation of IMCI in the pilot sites.

The IMCI strategy will be piloted in five different regions in Kazakhstan, all of which are ZdravPlus pilot sites. It was initially piloted in Semipalatinsk and its adjacent rural districts where 77 FGP physicians were trained in 2000. The training of physicians in Karaganda, Zhezkazgan, Ust Kamenorgorsk and Pavlodar will take place over the course of 2000-2001.

To complement the training that is taking place, and to contribute to the community level activities of the IMCI strategy, ZdravPlus has initiated an information campaign called “Keeping Children Healthy.” As doctors in each area are trained on managing and preventing childhood illnesses, the community will also be made aware of key issues related to the prevention and recognition of childhood illnesses through the information campaign. It is expected that synergies between the health facilities, health workers and the community will arise as a result of the training coupled with the campaign.

The campaign, designed to educate and change the behavior of caregivers of children, is focused on four main issues/conditions: ARI (acute respiratory infection), diarrhea, anemia and the benefits of breastfeeding. Because the “Keeping Children Healthy” campaign is an integrated educational campaign the key messages will be circulated within the community through different mediums. In addition to developing campaign materials such as leaflets, videos, and radio plays, ZdravPlus is also sponsoring a nurses’ competition. The purpose of the nurses’ competition is

¹ Aigul Kuttumuratova, *Summary Report on Integrated Management of Childhood Illness* Almaty: WHO liaison office, 2000 p.1

² *ibid.*

³ WHO, *Improving family and community practices: A component of the IMCI strategy* 1998

three-fold: to connect facility health workers with the community; to disseminate the campaign materials through various mediums; and to empower nurses to provide key information to the population. As part of the contest, nurses will give lectures to kindergartens, universities and factories; distribute campaign brochures and flyers; create information booths; and help to create mothers' groups, kindergarten teachers' groups, and grandparents' groups.

There is clearly a need for such health education in Kazakhstan. According to Kazakhstan's 1999 Demographic and Health Survey (KDHS), the population exhibits a varying level of appropriate knowledge on the correct prevention and/or treatment behavior for different conditions/illnesses including but not limited to diarrhea, acute respiratory infections (ARI), anemia, and breastfeeding. Because IMCI addresses these issues it is hoped that its implementation will contribute to a change in knowledge and behavior.

For example, according to the KDHS, during an episode of diarrhea only 58% of affected children received an increased amount of fluid, while 11% were given a reduced amount. This behavior was mirrored during an initial focus group held by the ZdravPlus KHP team to assess the current practices of child caregivers. Approximately 20% of the focus group participants believed fluid intake should decrease or cease when a child has diarrhea. They believed that if fluids were reduced the diarrhea would eventually stop. Unfortunately, participants did not consider that by decreasing or even ceasing the intake of liquids when a child has an episode of diarrhea the child is put at risk of dehydration, which may lead to death.

Further, the KDHS also revealed a variety of behavior patterns concerning treatment of a child with a cough, rapid breathing, and/or a high temperature, which are often symptoms of ARI. Only 48% of children under age five were taken to a health care facility for treatment of ARI symptoms. During the initial ZdravPlus KHP team focus group, it was discovered that most people self-treat children with ARI symptoms with medicines bought at the pharmacy without consulting a physician first. It was only if these medicines failed to produce a result after a number of days that the caregiver would consult a physician.

ZdravPlus believes that the information campaign "Keeping Children Healthy" will support and create synergies with the IMCI program which includes consultations for mothers on breastfeeding, prevention of illness, nutrition, proper care of a sick child, and awareness of dangerous conditions which need immediate attention from a physician. The appropriate reaction from parents in all of these situations is a significant factor influencing both the mental and physical health of a child and their development.

IV. Campaign Objectives

The ZdravPlus health promotion campaign "Keeping Children Healthy" will facilitate the improvement of responsible knowledge, attitudes, and practices of the population towards the health of their children by empowering them with information on proper childcare. The campaign can also serve to contribute to the development of democratic processes in Central Asia through open dissemination of health education information and participation in the health care sector processes.

Specifically, ZdravPlus seeks to provide information on four main issues:

1. To increase the caregivers knowledge of the five symptoms of ARI that require immediate care of a physician;
2. To promote the concept of increased fluids and feeding throughout the diarrhea episode and up to two weeks after;

3. To promote the concept of exclusive breastfeeding for the child's first six months of life; and
4. To increase awareness about how iron rich foods can be coupled with vitamin C foods to increase the absorption rates of iron. Increased absorption rates should lead to a decrease in the number of children with anemia.

These focus areas were selected because they are related to the curriculum IMCI provided to physicians. An increase in knowledge of these topics could result in behavior changes independent of economic situation, and ultimately, such behavior changes would have a positive outcome on the health of the child.

V. Target Audience

The target audience can be divided into primary and secondary categories:

The primary audience is women of reproductive age (15-40), pregnant women, and women with children under the age of five. This group was selected as the primary target audience because they are traditionally the primary caregivers of children. It is anticipated that this target audience will actively respond to the messages of the "Keeping Children Healthy" campaign as they recognize that the health of their child is in their hands.

The secondary audience includes other caregivers who can help and influence the primary caregiver. Examples include grandmothers, fathers and teachers.

VI. Timing

The first "Keeping Children Healthy" campaign took place in Semipalatinsk from November 20, 2000 – January 20, 2001. The campaign followed the IMCI training that had recently taken place in Semipalatinsk. The campaign timing was important because of the high incidence of ARI in the winter months. The additional campaigns in the four other pilot sites will take place after physicians in each site have completed IMCI training. The campaign will be implemented in each designated pilot city for two months and will be supported by technical assistance from ZdravPlus. (Annex 1)

VII. Campaign Implementation

The health promotion campaign will use various communication channels to disseminate messages on the key topics of the campaign. This is optimal: the population will receive information from various sources, which helps to reinforce the message that is provided through the campaign. In each pilot site the name of the campaign will be "Keeping Children Healthy" and the logo is "Their Health Is In Our Hands."

The way in which this campaign will be implemented reflects the ZdravPlus goal of involving the government, the NGO community and health workers in educating the population about healthy lifestyles and the prevention of childhood illnesses. ZdravPlus together with the Oblast/City Health Departments, Family Group Practices (FGPs), the Center for Healthy Lifestyle (CHLS), and various NGOs have developed a comprehensive implementation plan for each pilot site.

The following are the key activities of the campaign:

1. To air the audio plays six times a day on local radio stations. ZdravPlus and CHLS will work with the Oblast/City Health Department in each pilot site to ensure this. The Oblast/City Health Departments have also helped to negotiate the airing of audio plays in bazaars,

supermarkets, and factories, free of charge. The ARI/CDD video will also be aired four times a day for two months on local television at a discounted rate.

2. To help make literature related to IMCI widely available to the public, ZdravPlus has hired a well-known medical journalist to write three articles related to IMCI issues for each week of the campaign. Articles will be written in both Russian and Kazakh and will be published in three different newspapers in each city. The newspaper articles and campaign materials will be made available to FGPs in the area to help equip them as resource centers. FGP health workers plan to distribute the material to the population when counseling patients, door to door, and during community group meetings (i.e. mothers' groups).
3. To jointly oversee the nurses' competition in each pilot site. As was mentioned earlier, this competition plays a pivotal role not only because it is a mechanism for disseminating campaign information, but also because it empowers the nurses to educate the population and connects the health facility worker with the population. As part of the contest, nurses will partner with FGP physicians to give lectures, disseminate campaign materials, create information booths and initiate community groups (i.e. mothers' or grandparents' groups.) To evaluate their efforts, and help determine the winners of this contest a jury made up of representatives of ZdravPlus, the Oblast/City Health Department and WHO will be created. This jury will be tasked with meeting together on a bi-weekly basis to evaluate the efforts of the nurses. (Annex 7)

Following are the different campaign materials that have been developed to communicate the various messages of the "Keeping Children Healthy" campaign:

1. Video film for ARI/CDD, jointly produced by ZdravPlus and the film group "Perekrestok" ("Crossroad"). (Annex 3)
2. Audio Play: five short (30 second) audio plays, which will be played on the local radio channel, as well as five 25 minute audio plays that will be played in the bazaars. These plays were created and developed with professional scriptwriters and actors from Almaty. (Annex 4)
3. Local newspaper articles for the target audience written by a well-known medical journalist in Semipalatinsk and family doctors trained in IMCI. (Annex 5)
4. Printed material for mothers prepared jointly by the National Healthy Lifestyles Center, WHO, UNICEF, pediatricians and other government counterparts (Annex 6):
 - Booklet on "Keeping Children Healthy"
 - Leaflet on acute respiratory infections
 - Leaflet on diarrhea
 - Mother/child poster

VIII. Monitoring and Evaluation

The ZdravPlus KHP team has plans to both monitor and evaluate the outcomes of the "Keeping Children Healthy" campaign.

In terms of monitoring the progress of the campaign, the following will take place:

- The ZdravPlus KHP team will make a monitoring visit to each city halfway through the campaign to observe, monitor, and recommend solutions to the Oblast/City Health department, FGP's, and CHLS to any problems/situations that might have arisen during the implementation of the campaign.
- Monitoring will also take place through the jury created to judge the nurses' competition. This group was established to provide continuous feedback to primary health care providers on their activities related to the family nurses' contest as well as to judge individual nurses' efforts in a fair and transparent manner.
- A representative of ZdravPlus will supervise the airing of video films, radio plays, and publication of newspaper articles.

The overall campaign will be evaluated through a pre and post-survey (Annex 2) of the primary audience as well as a small sample of the secondary audience. Surveys will measure changes in knowledge related to breastfeeding, iron-rich and vitamin-C rich food, ARI, and diarrhea in addition to revealing reported population behavior changes related to breastfeeding, ARI, CDD, and anemia. Survey results can also serve to inform the development of targeted interventions related to IMCI and identify areas where health workers and/or the community could receive further training. For example as a result of the surveys, it may be determined that nurses should receive more training in nutrition.

A report providing analysis of the campaign will also be produced, although it will focus primarily on the result of the campaign in Semipalatinsk. Based on the campaign in Semipalatinsk, assumptions for the other pilot sites will be made. Although ZdravPlus seeks to further educate the population on proper nutrition it is not anticipated that changes in knowledge of nutrition will change as a result of this campaign. This is assumed primarily because of the lack of, or inaccurate, knowledge on nutrition universally held by health workers in Kazakhstan.

Table 1: Budget for Five Cities

Description	Estimated Cost	Total
Video Films		\$300.00
ARI Film (editing & copying only)	\$150.00	
CDD Film (editing & copying only)	\$150.00	
Audio Plays		\$7,750.00
Creation of 10 scripts	\$1,900.00	
Production of 10 scripts	\$2,000.00	
Airing of 10 scripts on radio	\$3,000.00	
Airing of 10 scripts at bazaar	\$600.00	
Copying of Audio Plays	\$250.00	
Newspaper Articles		\$6,000.00
Journalist	\$2,000.00	
Print	\$4,000.00	
Printed Materials		\$24,200.00
Keeping Children Healthy Brochure	\$7,500.00	
ARI Leaflet	\$2,000.00	

CDD Leaflet	\$2,000.00	
Mother's Poster	\$7,700.00	
ARI Flyer	\$1,500.00	
CDD Flyer	\$1,500.00	
Framing of IEC material	\$2,000.00	
Press Conference		\$2,000.00
Organization	\$2,000.00	
Nurses' Contest		\$14,500.00
Nurses Training	\$7,000.00	
Equipment	\$7,500.00	
Travel/M&IE		\$12,000.00
3 trips per campaign (2 people)	\$12,000.00	
Grand Total for 5 Cities		\$66,750.00
Total per City		\$13,350.00

Annex 1: Implementation Time for “Keeping Children Healthy” Campaign by Geographical Region

Timeframe	Astana	Karaganda	Zhezkazgan	Ust Kamenogorsk	Semipalatinsk	Pavlodar	Kostanai	Kokchetau	Almaty Oblast
November 2000-January 2001					✓				
February-April 2001		✓							
April-June 2001				✓					
July-September 2001			✓						
After October 2001						✓			

Annex 2: Survey

Questionnaire

A. Awareness about diarrhea

A1. What is diarrhea? (answers are not read out)

- a I do not know b Watery stool c Other

A2. How is diarrhea transmitted? (read out answers, several items can be chosen)

- a I do not know
 b Through the air
 c By not observing hygienic rules ie. washing hands and food
 d Through contaminated food and water
 e Sexually

A3. What are the methods of preventing diarrhea? (read out answers, several items can be chosen)

- a Breastfeeding
 b Well timed immunization
 c Using cups and spoons instead of bottles for feeding
 d Washing hands before eating, after going to the bathroom, before preparing food
 e Washing fruit and vegetables before eating them
 f Eating fresh food and drinking clean water
 g Combating carriers of diseases (flies, cockroaches, etc.)
 h Proper cleanup of children's excrement (toilet or burial)
 i I do not know
 j None of the answers are correct

A4. Do you think a child can die from having diarrhea? (If the person answers yes – go to A5; if the person answers no or I don't know – go to A6)

- a Yes b No c I do not know

A5. Why may a child die from having diarrhea? (do NOT read out answers, choose one)

(do not read the answers out loud)

- a Dehydration b I do not know c Other

A6. Should you continue to feed your child when he/she has diarrhea? (read out answers, choose one)

- a Yes, as usual
 b No, feeding should be stopped
 c Feed more than usual
 d I do not know

A7. Should you encourage your child to drink more when he/she has diarrhea? (read out answers, choose one)

- a Yes, as usual
 b No, drinking should be stopped
 c Drink more than usual, day and night
 d Drink more than usual, day only

A8. If a child has diarrhea, what should you give him to drink? (answers are NOT read out, check off only those named by a respondent)

- a I do not know
 b Tea with sugar
 c Tea without sugar
 d Boiled water

- e Tap water
- f Water salt solution/rehydration solution
- g Breast milk, if a child is breastfeeding
- h Rice water
- j Dairy products, yogurt
- k Other _____

A9. Have you heard anything about water salt solutions, for example, rehydration solution?
 Yes No

A10. If yes, then why is rehydration solution used in case of diarrhea? **(read out answers, several items can be chosen)**

- a To stop diarrhea
- b To prevent the child's dehydration (loss of water and salts)
- c Other _____
- d I do not know

A11. If your child has diarrhea, when do you refer to a health facility?

A11		Immediately	I will probably go	I will not go	I do not know
A	When a child has six watery stools in a 24-hour period but is drinking and acting normally				
B	When a child can not drink/suck a breast, does not want to drink or, adversely, if the child is parched with thirst				
C	When a child has a temperature for one day but not the next day				
D	When the health condition of a child becomes worse: a child is slack or fidgets				
E	When a child has a high temperature (38.5 and higher) for more than three days				
F	When a child frequently vomits				
G	When a child has blood in its stools				

A12. Where do you usually refer to if a child has diarrhea? **(Answers are not read out, you can choose several items)**

- a Nowhere
- b Relatives, acquaintances
- c Family physician
- d Consultative polyclinic physician
- e Hospital physician
- f Emergency care
- g Witch-doctor, herbal doctor
- h Pharmacists
- j Other _____

A13. Before a physician's examination how will you treat a child? **(read out answers, several items can be chosen)**

- a I will do nothing
- b I do not know what to do
- c I will give the child an antibiotic (Levomycetin)
- d I will give a child water salt solution bought at the pharmacy (rehydration solution)
- e I will give a child other diarrhea medicine
- f I will give a child a herbal decoction
- g I will give a child a drink without sugar
- h I will continue breastfeeding
- i I will continue to feed a child while he is sick
- j I will add one daily feeding for two weeks after a child recovers

A14. Are medicines usually necessary when a child has diarrhea?

- Yes No I don't know

B. Awareness of ARI – acute respiratory infections

B1. What is ARI? (read out answers, several items can be chosen)

- a Cold
- b Infection of the ear
- c Infection of the nose
- d Infection of the throat
- e Infection of pneumonia
- f Infection of the respiratory tract
- g Infection of the urinary tract
- h None of the above
- i I do not know

B2. What are acute respiratory infections caused by? (read out answers, choose one)

- a Bacteria only
- b Viruses only
- c Bacteria and viruses
- d I don't know

B3. If the acute respiratory infection is caused by a virus, should a doctor treat with antibiotics?

- Yes No I don't know

B4. If the acute respiratory infection is caused by bacteria, should a doctor treat with antibiotics?

- Yes No I don't know

B5. If you do not take care of a child with a cold then the cold may progress into:

(read out answers, several items can be chosen)

- a Nothing because it will go away by itself
- b Pneumonia
- c I do not know
- d Other

B6. If your child has a cold, when do you refer to a health facility?

B6		Immediately	I will probably go	I will not go	I do not know
A	When a child can not drink/suck a breast, does not want to drink or, adversely, when a child is parched with thirst	1	2	3	4
B	When he/she has a runny nose for four days				

C	When the health condition of a child becomes worse: a child is slack or fidgets	1	2	3	4
D	When he/she has had a cough for four days				
E	When a child has a high temperature (38.5 and higher) which will not reduce	1	2	3	4
F	When a child has fast breathing	1	2	3	4
G	When a child has obstructed breathing	1	2	3	4

B7. Where do you usually refer to if a child has a cold? (**do NOT read out answers, several items can be chosen**)

- a Nowhere
- b Relatives, acquaintances
- c Family physician
- d Consultative polyclinic physician
- e Hospital physician
- f Emergency care
- g Witch-doctor, herbal doctor
- h Pharmacists
- j Other _____

B8. Before a physician's examination how would you treat a child with a cold, cough or a high temperature? (**read out answers, several items can be chosen**)

- a I would do nothing
- b I do not know
- c With antibiotics
- d With aspirin, paracetamol or any other febrifuge
- e With other drugs, what kind _____
- f With a herbal cough decoction
- g By soothing throat pains and relieving cough with safety drinks: breast milk or warm boiled water, milk, mineral water
- h By administering warm drinks as often as possible
- j By breastfeeding more often day and night
- k I would keep a child warm but would not muffle him up
- l I would clean the child's nose
- m Other _____

C. Awareness of vaccines

C1. Against what diseases do vaccines protect children (**do not read out answers, several items can be chosen**)

- a I do not know
- b Tuberculosis
- c Diarrhea
- d Parotitis
- e Hepatitis
- f Whooping-cough
- g Influenza
- h Tetanus
- i Diphtheria
- j Poliomyelitis
- k Measles

- 1 Colds
 m Other _____

C2. At what intervals should a child receive vaccinations? **(read out answers, choose one)**

- a Birth, 2 months, 4 months, 6 months, 1 year, 1 ½ years
 b Birth, 4 months, 8 months, 1 year, 1 ½ years
 c 2 months, 6 months, 1 year
 d 6 months, 1 year, 1 ½ years, 2 years
 e I do not know

C3. Where will you get information about the next vaccination? **(do not read out answers, several items can be chosen)**

- a FGP worker
 b Other health facility worker
 c Kindergarten worker
 d Other

C4. If you miss getting one vaccination for your child, what should you do? **(read out answers, choose one)**

- a Nothing, just skip it
 b Call your family physician
 c Receive it at a later time
 d I do not know

D. Awareness of Nutrition

D1. What is the best source of nutrition during a child's first six months? **(read out answers, several items can be chosen)**

- a Formula
 b Cow's milk
 c Breastmilk
 d Juice
 e Tea

D2. During the first six months of a child's life, a parent should? **(read out answers, choose one)**

- a Feed breastmilk and cereals
 b Feed breastmilk and fruit
 c Feed breastmilk and vegetables
 d Feed only breastmilk
 e Feed breastmilk and meat

D3. In addition to breastmilk, should a child receive additional liquids during his/her first six months? **(If the person answers yes – go to D4; if the person answers no or I don't know – go to D5)**

- Yes No I don't know

D4. If yes, what additional liquids should a child receive during his/her first six months? **(read out answers, several items can be chosen)**

- a Water
 b Boiled water
 c Tea
 d Juice
 e Vegetable juice
 f Cow's milk

D5. If a mother is nursing and does not eat properly, will her milk contain all the essential nutrients and vitamins her baby needs?

- Yes No I don't know

D6. Advantages to breastmilk feed babies are? **(read out answers, several items can be chosen)**

- a Fewer allergies
 b Grow bigger than formula feed babies
 c Fewer illnesses, healthier
 d Smarter than formula feed babies

D7. When should supplements (food and other liquids) be introduced to a baby? **(read out answers, choose one)**

- a Six weeks
 b Four months
 c Six months
 d One year

D8. How should foods be introduced to a baby? **(read out answers, choose one)**

- a One at a time with three-day intervals
 b Whatever food is in season, several foods at a time
 c I do not know

D9. After a child is one year old, how should a parent feed it? **(read out answers, choose one)**

- a Meals should contain a variety of food (bread, meat, vegetables, fruits, and dairy)
 b Meals should contain bread, jam, tea
 c Meals should contain bread and meat only
 d Meals should contain fruit and vegetables only

D10. Which foods listed below contain protein? **(read out answers, several items can be chosen)**

- a Eggs
 b Meat
 c Chicken
 d Fish
 e Plums
 f Apples
 g Carrots

D11. Which foods listed below contain vitamin C? **(read out answers, several items can be chosen)**

- a Chicken
 b Lemon
 c Pears
 d Oranges
 e Apples
 f Tomatoes
 g Cabbage
 h Peppers

D12. Which foods listed below contain iron? **(read out answers, several items can be chosen)**

- a Cabbage
 b Meat
 c Chicken
 d Lemons
 e Fish
 f Liver

- g** Legumes
- h** Dark green leafy vegetables such as spinach

D13. Why are iron foods important to have in your diet? **(read out answers, several may be chosen)**

- a** Make a person grow strong
- b** Prevent anemia
- c** Prevent heart attacks
- d** Prevent allergies
- e** I do not know

D14. Does tea affect the absorption rate of iron foods in one's diet?

- a** Yes
- b** No
- c** I do not know

D15. What in conjunction with iron foods increases the absorption rate of iron in one's diet? **(read out answers, choose one)**

- a** Tea
- b** Foods rich in protein
- c** Foods rich in Vitamin C
- d** Foods rich in oils
- e** I don't know

E. Sources of information

E1. Did you get any new information related to how to take care of children under five during the last two months?

- Yes
- No

E2. If yes then from which information sources **(read out answers, several items can be chosen)**

- a** Friends, relatives, acquaintances
- b** FGP workers
- c** Other health workers
- d** Newspapers
- e** Radio
- f** Radio at bazaars
- g** Television
- h** Brochures, flyers and posters
- I** Other

F. Personal information

F1. Your gender

- Male
- Female

F2. Year of birth 19 _____

F3. How many children under five do you have in your family? _____

F4 Occupation:

(check off only one item)

- 1** Student
- 2** Worker
- 3** Employee
- 4** Unemployed
- 5** Housewife
- 6** Pensioner

7 Other

F5. Education:

(check off only one item)

1 Incomplete secondary

2 Secondary

3 Vocational

4 Incomplete higher

5 Higher

Annex 3: Video Script for Acute Respiratory Infection and Children's Diarrhea

ACUTE RESPIRATORY INFECTION

Characters:

MARAT	husband
MARINA	wife
ERIC (their son)	baby
ALMAGUL	doctor
PANAGUL	nurse from clinic and friend

Part I

ROOM. DAY TIME.

MARAT *playing computer games and smoking. MARINA comes in holding child in her arms.*

MARINA: *(annoyed)* You are smoking again in the apartment and it's impossible to breathe!

MARAT: *(sharply)* Give me a break! *(looks at computer screen)*

MARINA: *(in anger)* Marat, this is unbearable! You are spending days sitting in front of your computer! Do you realize that you still have a family?!

MARAT: *(continues looking at screen, smiles ironically)* You think that relations like ours could be called a family? *(inhaling cigarette smoke)* I think you are wrong!

MARINA: *(with tears in her eyes)* You are right, it's better for us to separate!

MARAT: *(sharply switches off the computer and stands up)* OK! If it depended on me, I wouldn't stay any longer! Get the child ready; I'm going for a walk with him!

MARINA: Eric cannot be taken outside; it looks as if he has caught a cold! You go on your own, if you want!

MARAT: *(grabbing the child from her)* Do you want to make him a weakling? The weather is fine and fresh air is good for his health anyway!

PARK ALLEY. BENCH.

*MARAT sitting on the bench, reading a magazine and smoking.
A carriage with the baby is next to him. PANAGUL comes up.*

PANAGUL: *(smiling)* Hi, Marat! Nice day!

MARAT: *(mutters, not friendly)* Nice...

PANAGUL: *(smiling and bending over the carriage)* If I were you, I wouldn't smoke in front of the child!

MARAT: *(gloomy)* Let him get used to it! He is a man, isn't he?

PANAGUL: *(her face changes)* Listen, Marat! It looks like your Eric is not well.
(sounds of a coughing child)

MARAT: Never mind! Little cough, little sneeze and then it's over!

PANAGUL: *(touching child's forehead)* Marat, he has a fever! He is breathing through his mouth because his nose is stuffy. It looks very much like an acute respiratory infection.

MARAT: So what?

PANAGUL: *(passionately)* So, it means that you should go home immediately! Your child is in real danger. Acute respiratory infection in infants can turn into pneumonia very fast! And that is deadly!!!

MARAT: (*discontented*) I see now, it's because you and my wife are close friends, that's why she tends to exaggerate everything!

Part II

LATER THAT NIGHT. ROOM AT NIGHT

ALMAGUL: (*removing stethoscope from child's chest*) Thank God, Eric doesn't have pneumonia. This is an acute respiratory infection.

MARAT: (*annoyed – to his wife*) Exactly! I knew this before! You are panicking for no reason. You bothered our doctor for no reason, when we could just have given some antibiotics to the child!

ALMAGUL: (*categorically*) Never give antibiotics **unless prescribed by the doctor**, besides they are useless for a viral infection.

MARINA: What should we do now?

ALMAGUL: The most important thing is the proper care of the child. Continue breastfeeding, feed your child longer and more frequently. Give him warm drinks for soothing the throat. Ventilate the room frequently and don't smoke in the apartment.

MARINA *looks at MARAT with reproach. MARAT reluctantly nods his head.*

ALMAGUL: Take care of the child's breathing through his nose - you must clean his nose.

MARINA: Thank you, doctor; I'll take care as you've told me (*bends over the child*).

ALMAGUL: (*assesses the situation and notices the conflict between parents. Stands up and comes up to Marat*) I think you are underestimating the situation. You must check the child's breathing all the time. Remember - difficult breathing, fast breath together with weakness in the child - these are the first signs of pneumonia. If you notice this, don't hesitate to call me!

MARAT: (*suddenly feels frightened*) Do you mean that this is very dangerous, doctor?

ALMAGUL: Yes. Pneumonia, as a result of acute respiratory infection, is the cause of high infant mortality!

MARAT: (*in anger*) If something bad happens to him, I'll never forgive myself. This is my fault!

Doctor goes away. MARAT sees her to the door and comes back. MARINA is sitting near the child's bed. She is upset. MARAT comes up to her, squats in front of her and takes her hands in his hands.

MARAT: (*guilty*) Marina... forgive me. You know, only now, when our child is in danger, I realize how much I care for you both! Forgive me, Marina, forgive everything... I love you!

MARINA: (tears in her eyes) I love you too...

Part III

PARK ALLEY. BENCH. DAYTIME.

MARAT and MARINA sitting on the bench in the sunshine. MARAT has his arm around MARINA and with the other hand gently shakes the baby carriage. MARINA is sitting with her head on her husband's shoulder. PANAGUL comes up to them.

PANAGUL: (*smiling*) Hi! How are you!

YOUNG COUPLE: (*smiling*) Hi!

PANAGUL: (*looking into the carriage*) How is little Eric? Recovered?

MARAT: (*smiling*) Yes, he is much better. He's becoming stronger and stronger!

PANAGUL: (*smiling*) I see that you are doing well!

MARINA: (*nestling up to her husband*) Yes, thanks to our son, we understood how much we need each other.

MARAT: (*kissing his wife*) And how much we care for each other! (*apologizing*) And you, Panagul, will you, please, forgive my behavior last time?

PANAGUL (waving her hand) OK! Don't mention it! I hope now you understand the danger of acute respiratory infection in infants?

MARINA: Oh, yes! Next time we'll be more careful.

PANAGUL: (smiling) I hope there will be no "next time" cases! I hope Eric will grow up healthy! Bye-bye, guys! (*heading away*)

MARAT: Panagul! (*PANAGUL looks back*) Guess what? I quit smoking!

DIARRHEA

Characters:

MOTHER

DOCTOR

FEMALE NEIGHBOR

MALE NEIGHBOR

BABY

Part I

APARTMENT. DAYTIME.

A young MOTHER bends over baby's bed. BABY is crying, MOTHER looks upset.

MOTHER: Why are you crying, my darling? Let me hold you. *(takes the child out of bed and prepares to breastfeed him. The doorbell rings. She rushes to open the door)*

MOTHER: Wait a minute, doctor, I'm coming!

NEIGHBORS - *man and woman holding a child - staying on the threshold.*

FEMALE NEIGHBOR: What's happening! There's a real flood downstairs in our apartment! There's a stream running from the ceiling into our bathroom!

MOTHER: Don't shout, please! My son is sick! I don't know what to do! *(goes back into the room. NEIGHBORS exchange glances)*

MALE NEIGHBOR: We should do something to help. She's our neighbor!

FEMALE NEIGHBOR: Sure, we should. But let's do it as fast as possible, because our ceiling is going to fall down!

ROOM.

MOTHER *takes dirty nappies out of bed and throws them onto the pile of already dirty ones. Takes clean ones and bends over the bed. MALE NEIGHBOR peeps into the room.*

MALE NEIGHBOR: Do you have a monkey wrench?

MOTHER: Yes, look for yourself in the closet, please!

MALE NEIGHBOR: What happened to the baby?

MOTHER: Something is wrong with his stomach. He has liquid stools.

MALE NEIGHBOR: You mean runs. I reckon you should stop feeding him, and then he will be better. I see it's a real flood here: the tap is running; the baby is running. *(laughs. The doorbell rings)*

MOTHER: I think that is the doctor. Open the door for him, please! *(neighbor goes away. Doctor comes in)*

Part II

BABY IN THE BED. MOTHER AND DOCTOR NEXT TO BED.

DOCTOR: The baby has diarrhea.

MOTHER: Oh, my goodness! I've never heard of this disease!

DOCTOR: Diarrhea is a condition that is dangerous in infants, but the treatment is very simple.

MALE NEIGHBOR *with monkey wrench in hand peeps into the room*

MALE NEIGHBOR: That's exactly what I was saying - just stop feeding the baby, and there will be nothing to run.

DOCTOR: Your advice is absolutely wrong. Look, runs cause a considerable loss of liquids in an infant's body, as well as loss of essential salts.

MALE NEIGHBOR *shrugs his shoulders distrustfully and disappears*

MOTHER: What should I do, doctor?

DOCTOR: The most important thing for your baby now is to feed him plenty of liquids. His body is dehydrated.

MOTHER: I am breastfeeding my son. Isn't that enough? What else should I do?

DOCTOR: It is very important that you are breastfeeding the baby. But in addition you should give him this REGIDRON solution to drink. *(takes a package of regidron out of his bag)* In our polyclinic we have this powder available to prepare solutions for feeding sick babies. Moreover, REGIDRON is available in every pharmacy. *(shows the process of dissolution and feeding)*. You should feed your baby after every liquid stool every 1-2 minutes using a teaspoon or baby's dummy *(pointing to the graduated bottle on the table)* until he drinks 50-100 grams of liquid.

MALE NEIGHBOR *appears again*.

MALE NEIGHBOR: It's done! I've fixed all the taps! The water is not running. *(looking at the table)* What are you doing?

DOCTOR: I am showing the REGIDRON dissolution process.

NEIGHBOR: Regidron, regidron, what is it - regidron?

DOCTOR: IT is a very helpful solution containing sodium and potassium salts and glucose.

NEIGHBOR: This is nonsense! Why should I feed a baby liquids if he is already running like a flood?

DOCTOR: Look here, let everyone attend to their own business! May I ask you, did you fix the tap in the bathroom? And is the water running?

MALE NEIGHBOR: No.

DOCTOR: Well, do us a favor, please, and let US fix the problem with this child! All the liquid lost due to runs needs to be replaced with breast milk and REGIDRON solution.

MALE NEIGHBOR: OK, doctor! I understand it now!

DOCTOR *turning to MOTHER who is preparing to breastfeed the baby*

DOCTOR: Do not listen to any of this dilettante advice! Breastfeed your child more often, and for longer than usual. At times like this, a mother needs to be extremely careful.

Part III

STAIRS

MOTHER *wearing a nice outfit and in a good mood is going downstairs. Her FEMALE NEIGHBOR is coming upstairs. She is wearing her gown and slippers*

FEMALE NEIGHBOR: Hi! Did the doctor who visited your son when he had the runs, and when your taps were broken, cure your child?

MOTHER: *(smiling)* Oh, the flood?

FEMALE NEIGHBOR: Yes, exactly!

MOTHER: My son recovered fully!

FEMALE NEIGHBOR: My Pete has runs. I'm scarcely managing to change his nappies and wash them! What should I do! Should I give him some antibiotics, what do you think?

MOTHER: Antibiotics are useless for diarrhea. I have some Regidron powder left over, let me give it to you. Don't give anything sweet to the child. And one more bit of advice: you should breastfeed your son more often and for longer than usual.

FEMALE NEIGHBOR: Won't it cause damage?

MOTHER: Not at all. Let me explain. You see, liquids take up more than 80 % of an infant's body. When a child loses liquids, they need to be replaced, otherwise his body will be dehydrated, just like a flower becomes limp without water. Oh, I'm sorry if these explanations are not clear enough.

FEMALE NEIGHBOR: Oh, no! My dear, thank you very much! I think I've understood everything!
(goes back in a hurry)

MOTHER: *(loudly speaking to her retreating back)* And one more thing - the doctor said that different infectious diseases can begin with runs or diarrhea, that is why it is so important to treat the diarrhea properly!

Annex 4: Audio Plays: English Translations

KEEPING CHILDREN HEALTHY

5 short radio trailers, 30 seconds

5 radio-plays for airing in bazaars, 19 minutes

AUTHOR – ZAURESH ERGALIEVA

DIRECTOR – AIYA BOZHEEVA

Short Radio Play 1
Keeping Children Healthy
Theme: Street Safety

Children! Your child! A Child is always on the move!

A Child acts unpredictably fast!

Parents! Remember: you have to protect your child against accidents!

Constantly tell your children that the road is a dangerous place and that traffic lights are law for small pedestrians. Red light – stop! Yellow light – get ready and only when the light is green can you go, holding onto your Mom’s hand but before you cross – STOP, LOOK and LISTEN!

Stop to look for cars, Stop to listen for cars. If you don’t see or hear any cars – you may cross the street with your MOM.

Playing *close* to the highway is a constant cause of children’s injury and death!

You have a lovely child – don’t let the wheels of a car take him from you!

Be careful and teach your child to be cautious!

Short Radio Play 2
Keeping Children Healthy
Theme: Suffocating, Drowning, Small Unfamiliar Items

Children! Your child! A Child is always on the move!

A Child acts unpredictably fast!

Parents! Plastic bags, water and many small items are dangerous, and can make their way into a child’s nose or mouth, which may cause injury or suffocation.

Do not let your child play with plastic bags: if he puts the bag on his head, he may not be able to take it off. He could suffocate.

Do not leave your children alone near water, even in the bathroom – they can drown even if it is not very deep.

Do not let your child play with small items without supervision – they might put them in their mouth or up their nose, which could cause injury or even death.

Be careful and teach your child to be cautious!

Short Radio Play 3
Keeping Children Healthy
Theme: Poisoning by Household Chemicals, and Medicines

Children! Your child! A Child is always on the move!

A Child acts unpredictably fast!

Parents! Remember that your medicines are toxic for a baby and for children! Not only household chemicals such as kerosene, vinegar, bleach, and pesticides, but medicines too are dangerous for children! And even cosmetics are dangerous if swallowed.

If your pills and powders are easy to reach and if your bottles of kerosene and vinegar stand in sight of children – your child could find them and everything could end terribly!

The best way to prevent a child from being poisoned is to keep everything that is harmful for a child in places that a child cannot reach, or behind locked doors!

Be careful and teach your child to be cautious!

Short Radio Play 4

Keeping Children Healthy

Theme: Burns, Electro-trauma

Children! Your child! A Child is always on the move!

A Child acts unpredictably fast!

Parents! Children reach for the fire without knowing that fires cause burns and fires take the lives of hundreds of children every day!

Cookers, boiling water, broken and accessible electric units and, of course, matches cause terrible accidents!

Never leave your child alone in the kitchen! Never allow your child to play with matches!

Be careful and teach your child to be cautious!

Short Radio Play 5

Keeping Children Healthy

Theme: Animal Bites

Children! Your child! A Child is always on the move!

A Child acts unpredictably fast!

Parents! Animals bite children more often than adults.

Do not leave children alone with animals, even with domestic pets! Train them not to reach for a dog while it eats or sleeps. Forbid children to touch stray animals!

Teach your children to stand calmly when a strange dog sniffs them. And do not let the child put his face to the face of an animal – a bite to the face can be very dangerous!

Be careful and train your child to be cautious!

Long Radio Play 1

Healthy Habits

(Musical accent)

SONOROUS MALE VOICE (this is the Cheery fellow) (*joyfully*): News! News! Wonderful news! Everybody - listen to me!

FEMALE VOICE (*considerable*) (this is grandma, Khalima-azhe): What is our Cheery fellow going to tell us?

VOICE: Be quiet! Let us listen to the Cheery fellow. What is the news?

CHEERY FELLOW (*sonorous first voice*): Darger-aga is coming to us!

VOICE: That's great! Darger-aga always helps our children!

CHILD'S VOICE: Grandma, what is Darger-aga? Why is everybody so happy?

GRANDMA WITH CONSIDERABLE VOICE (Khalima-azhe): He is our doctor. He is very kind and smart.

CHILD'S VOICE: Like doctor Aibolit?

CHEERY FELLOW: Yes, he is a doctor, but he is a Kazakhstani one. Here he is. Here he comes!

CHORUS OF VOICES: Hello, Darger-aga!

CHILD'S VOICE: Salam, Darger-aga!

DARGER-AGA: Hello, my dear friends! I am delighted to see you.

CHEERY FELLOW: Us too!

DARGER-AGA: Good day, Khalima-azhe. Good day, Valentina Petrovna! How are your little ones?

SEVERAL VOICES: Some of them are healthy, others – not so healthy. We really need your advice.

DARGER-AGA: Mairazhan, good day, how are your children?

MAIRA: Oh, Darger-aga, I'm exhausted! When one gets better – another falls sick. First Ablauchik catches a cold, then Khasanchik has stomach-ache, Alua cuts his fingers, Balua gets burned and the little one – Armanchik – is a champion of all diseases: he can have a sore throat, sore eyes and a stomach ache simultaneously!

VOICES: Ah, ah, ah!

GRANDMA KHALIMA-AZHE: (proudly) And I have six children! The eldest is already 40 and the youngest is 20. And not one of them even knew the word disease! And not one of them was ever sick, because I instilled healthy habits in them. It was not easy but it was worth it.

MAIRA: All children fall sick!

KHALIMA-AZHE: Not all!

MAIRA: All!

KHALIMA-AZHE: No, not all!

DARGER-AGA: Mairazhan, my dear, Khalima-azhe is right: children can grow up without experiencing disease. But they are young and cannot understand what is good for them and what is harmful. Parents, and adults that help care for children, are fully responsible for the child's health.

KHALIMA-AZHE: This is what I am talking about: for children to grow they do not only need to be fed and provided with clothes! They should be brought up with healthy habits! You need to instill in them that some things are good for their health and some thing are bad!

DARGER-AGA: These words are right: for children to grow they do not only need to be fed and provided with clothes! First and foremost you need to instill healthy habits. A child who picks up healthy habits in its childhood, is likely to live a long and happy life in adulthood.

MAIRA: If these healthy habits are so important could you tell us more about them in detail Darger-aga?

DARGER-AGA: First of all these healthy habits mean experience and a way of life where diseases simply have no place. Many children's diseases can be avoided by practicing a very simple habit – washing hands with soap before and after eating, after using the toilet and playing outside. The child washes not only dirt away but diseases as well! The child picks up whatever their hand comes into contact with; they play in sandboxes where cats or dogs might urinate. Moreover, they might hold other children who are sick by the hand! But do not be afraid of them playing with other children, or taking things in their hands – just make sure they wash their hands often with soap.

MAIRA: But children do not like washing their hands! How to do I get them to do it?

KHALIMA-AZHE: Look, Maira, psychologists' say that after doing something 21 times the action will be an automatic, mechanical one.

DARGER-AGA: (*laughing*) Khalima-azhe is giving very interesting advice to you, Mairazhan! You have to listen to her. Also do not forget to cut the child's nails and wash their hands constantly to avoid diseases of all types.

KHALIMA-AZHE: Armanchik is only one year old and he puts everything in his mouth – dirty fingers and all! Kazakhs say that base of life is health, and the base of health is cleanliness and it is the adult's responsibility to teach the child healthy habits.

DARGER-AGA: Wonderful words from Khalima-Azhe! If you do not wash your hands before eating it can be very dangerous. Microbes from the hands easily find their way into a child's mouth. Eating with unwashed hands is equal to disease gathering! Also if adults didn't wash their hands before cooking and if they didn't wash fruits and vegetables correctly – lunch would be an exchange of diseases as well! While it is important to wash, the quality of the water used to wash is also of great importance. Do not wash hands and fruits in the canal or any other exposed water source. Use boiled water. Remember to wash your hands, wash your food and use good quality water.

MAIRA: We have very good water because we live near mountains. The water is like a crystal!

CHEERY FELLOW: Yes, like crystal, but nevertheless the water should be boiled because it could carry bacteria or parasites.

DARGER-AGA: Yes, Cheery Fellow is right – another important healthy habit is to drink only boiled water, particularly in summer.

CHEERY FELLOW: It is very simple: boil the water, cool the water and fill a decanter with this water and tell your child to drink only this water and not the water from the tap.

KHALIMA-AZHE: My children grew up healthy because I didn't take my eyes off them until they were three years old.

MAIRA: (*with sarcasm*) And when they are three you can take your eyes off them?

KHALIMA-AZHE: If you train your child to wash their hands regularly before they are three years old, they will do it automatically. If you teach them to drink only boiled water before they are three – they will, and if parents have healthy habits, the children will have healthy habits.

DARGER-AGA: That is right.

MAIRA: OK. What else is important, Darger-aga?

DARGER-AGA: You should think of the meal as a place where healthy habits reign. Plates and dishes should always be clean. Cooked food should be sealed in containers, especially in the summer time because flies, wasps, ants, cockroaches and other insects, which carry disease, can transfer disease to your food when they land on them. Meat should be cooked thoroughly and milk should be boiled. Do not drink milk that has not been boiled. It is dangerous because of the different bacteria that can turn up in milk not to mention flies, ants, wasps and cockroaches.

MAIRA: How terrible!

DARGER-AGA: The best method is to cook fresh food thoroughly just before eating.

MAIRA: It all seems very complicated, but I will try my best.

DARGER-AGA: Also, do not be lazy, and do dispose of your garbage – this is a source of pathogenic microbes. In addition, hygienic cleaning of a child's feces is very importance because infection is passed through them. Disposal should be fast and hygienic. Afterwards wash your hands and the child's hands thoroughly. Every mom should be on the alert remembering that her child does not know so much about healthy habits as she does.

MAIRA: What about teeth? How often do we have to clean our teeth?

DARGER-AGA: Children should start brushing their teeth at one and a half years and by three years old the child should be accustomed to cleaning his teeth not less than twice a day but it is better to brush after every time that they eat.

CHEERY FELLOW: Maira, remember – wash their hands often with soap, wash their food with good quality water, only let them drink boiled water and milk, brush their teeth often, and dispose of garbage and human feces properly and quickly.

Radio-play 2

Healthy Nutrition

(Musical accent)

NAZIRA: Good morning Darger-aga. I was told that today you are seeing young parents who have had their first child and lack experience.

DARGER-AGA: Yes. The first months and years of the child's life are the most important time.

NAZIRA: I adore my child but at times I feel bewildered and helpless.

DARGER-AGA: Everything will be OK. The very important period of pregnancy has come to an end, you have a child and now the second-most important period has come: regular feeding.

NAZIRA: My child will be two months old soon. But I have a lot of trouble with him! I wrote all my questions down on a piece of paper so I could ask them today. The most important one is how long should I breastfeed him? I am always attached either to him or to home. Can I buy special children's food?

DARGER-AGA: On no account can you start purchasing food now! A child should be solely breastfed until six months of age. No water, no juice, no tea, and absolutely no food!!!! Breast milk is all the baby needs.

NAZIRA: Sometimes I feel I don't have enough milk, but then I remember your advice – do not stop breastfeeding day and night even if you have just a little because the more you breast feed the more milk your body produces - and you know you were right? Now I have more milk.

DARGER-AGA: Wonderful! The longer the mother breastfeeds her child the healthier he will be. Mother's milk is an ideal sole food for the child up to six months and should be continued until the child reaches two years.

NAZIRA: Maybe he needs juices, tea or boiled water?

DARGER-AGA: Nazira, my dear, mother's milk contains everything and as I said before nothing else - just breast milk. Your baby is so small and delicate and your milk not only makes him grow but protects him against infections as well. Whatever the season, breast milk is always warm, fresh, and sterile – this is the best food for your baby.

NAZIRA: And is it possible to give a supplement to the breast milk after six months?

DARGER-AGA: Yes, but do not stop breastfeeding until your child is two years old.

NAZIRA: But two years!!!! That is too long!

DARGER-AGA: Let us ask a young father – he is also interested in the issue of supplements.

PAVEL: My wife decided to wean our child when he was four months old. She started to give him different supplements and he got diarrhea and a body rash.

NAZIRA: Body rash?

PAVEL: The rash appeared on his face. On the advice of Darger-aga, my wife stopped giving him food and supplements of any kind, and started breastfeeding again and the rash disappeared. We decided not to wean him until he was two years old. After all, breast milk is always prepared and it is sterile. After six months, we started food supplements but we followed the family doctor's advice – that is, one food at a time so we could see if the child was allergenic - (body rash). And my wife was able to continue to breast feed until the age of two because the baby's milk consumption decreased with the addition of foods.

DARGER-AGA: Your child needs food that contains a lot of proteins, vitamins and minerals.

PAVEL: And how do I determine what products contain them?

DARGER-AGA: Cereal porridges are energy enriched for the child. Meat, fish, chicken, cheese, yogurt, and eggs provide protein for the child's growth. Fruits and vegetables are vitamins required for energy. Remember the child has to get at least one product for growth and energy during every feed. Regular feeding will avoid the spread of the disease, anemia. Unfortunately, many children in our region get anemia.

NAZIRA: Anemia is a lack of blood?

DARGER-AGA: You can say so but really it is the lack of hemoglobin in the blood. Hemoglobin distributes oxygen throughout the body. One of the most common causes of anemia is irregular and

unvaried feeding. To avoid anemia you have to breastfeed your baby and after six months of age include iron-rich foods.

NAZIRA: Iron-rich foods?

DARGER-AGA: Meats, fish, liver, chicken, and legumes as well as dark green leafy vegetables such as spinach. One important note: tea is very popular in Kazakhstan but tea reduces iron absorption. Children do not need to drink tea. It is not useful for them and it reduces iron absorption. If adults drink tea, it should be at least two hours after eating.

NAZIRA: So many things to think about!

DARGER-AGA: If you want your child to grow healthy you have to learn all these things – which vitamins are contained in which foods, and how food should be given – one energy food, one growth food and combination of foods which we haven't yet discussed.

NAZIRA: Yes, you are right. Please tell me what foods can be used jointly in order to increase iron absorption?

DARGER-AGA: Vitamin C increases iron absorption.

NAZIRA: And where I can find it, in lemons?

DARGER-AGA: Yes, but not only lemons. Cabbage, tomatoes, pepper, greens, berries, oranges, carrots and other fruits contain vitamin C. You can give a little of these foods to your child every day once it is six months old, but remember don't stop breastfeeding.

NAZIRA: Tell me, please, if I want to know if my child has anemia or not do I have to go to a doctor and have a test?

DARGER-AGA: Anemia has some symptoms: if your child has pale palms, lips, lobes and he gets tired quickly – you should have him checked out by a family physician and suggest he may have anemia.

NAZIRA: Is anemia dangerous?

DARGER-AGA: Anemia may result in slower physical and mental development. Children who get anemia start walking and speaking later than others do, they may have trouble memorizing and have a hard time at school.

NAZIRA: I'll try my best to avoid anemia! I will breast feed; I will give my child at least one growth food: meat; chicken; or fish; and one energy food: fruits and vegetables at each meal. I will take special note of iron-enriched foods such as meats, fish, liver, chicken, and legumes as well as dark green leafy vegetables such as spinach. In addition I will give my child vitamin C such as lemon, oranges or carrots.

DARGER-AGA: Well done Nazira! You will achieve everything and have a strong and healthy baby!

Radio Play 3

Intestinal Infections

(Musical accent)

(Telephone rings)

VOICE OF MAIRA: Hello!

DARGER-AGA: Yes!

MAIRA: Is it you, Darger-aga?

DARGER-AGA: What's up, Maira? Why are you so alarmed?

MAIRA: Oh, I have a problem and I decided to call you for advice.

DARGER-AGA: What kind of problem?

MAIRA: (lamenting) My youngest son, who will soon be two months old, has liquid stools - as you physicians call it. I do not know why it is "stool" but it is certainly liquid.

DARGER-AGA: First of all calm down. Drink a cup of water. It is clear that Armanchik has got diarrhea. You see, when a woman breastfeeds her baby's stool isn't hard - it is always soft to differing degrees. So if the stool is just soft and frequent it doesn't necessarily mean diarrhea but if it is watery then it is diarrhea.

MAIRA: Diarrhea? Is that what physicians call 'ponos'? What do I have to do?

DARGER-AGA: First of all in order not to waste time I will explain to you now, and in the evening I will come and check on Armanchik. The main rule is to drink as much as possible to avoid dehydration and to eat to avoid malnutrition.

MAIRA: Oh, but I thought that if the child didn't eat and drink he wouldn't have anything to pass through.

DARGER-AGA: This is a BIG mistake. Unfortunately many parents think this. You have to restore everything your baby has lost! You have to breastfeed him more often and for longer. Also, after each liquid stool give him Rehydron solution. Rehydron solution is available at the pharmacy.

MAIRA: Is that not very often?

DARGER-AGA: No, drinking a lot of liquids and eating to replenish vitamins and minerals is the most important part of the treatment in order to avoid dehydration and malnutrition. When a child has diarrhea it loses essential elements such as potassium and sodium salts.

MAIRA: Isn't potassium important for the heart? And does this mean that I can't wean Armanchik?

DARGER-AGA: Maira - potassium is important for the functioning of the heart but the most important issue is that you have to increase the number of breastfeeds, especially when your child is sick with diarrhea; and you should only breast feed Armanchik until he is six months old and then continue, with other foods, until he reaches two years of age! In addition to breast feeding you should give him rehydron solution, but remember that you should not give him rehydron solution for more than 24 hours. There are detailed instructions on how to make and give Rehydron (salt-water solution) on its label. Read it attentively and follow the instructions closely.

MAIRA: I remember: One packet per liter of clean boiled and then cooled water. Usually that is the formula but not every packet contains the same amount so read carefully before preparing.

DARGER-AGA: Yes, and when you give the solution to your baby use only a cup and spoon instead of a bottle. The child has to drink Rehydron in small gulps.

MAIRA: Is it possible to avoid diarrhea?

DARGER-AGA: The main reason for diarrhea and other children's intestinal infections is bad hygiene. Wash your hands often, bathe regularly, and dispose of waste immediately. Other causes are drinking poor quality water, eating undercooked food that has bacteria, parasites or viruses in it, eating food that has not been properly washed and has bacteria on it, and eating food that is not fresh.

MAIRA: Yes, it is better to wash one's hands one more time than to suffer as we do, and to prepare drinking water and food properly before eating. Also, many people think that babies' feces are almost clean.

DARGER-AGA: This is a mistake! Bacteria appear in milk faster than in other foods. And your babies' feces come from breast milk. Think now - how can excrement be nearly clean? By the way, you, yourself, have to wash your hands every time you wash Armanchik and you should wash and change his clothes more often. Every mother and father should know about prevention. There is an Arab saying: "prevention rather than cure." And now you have to be careful that your other children do not catch Armanchik's diarrhea.

MAIRA: That is something to think about because I do have an older son. What should I do if he falls sick too?

DARGER-AGA: Maira - just think what I told you about your youngest son. What is the most important thing that you have to do no matter what age the child is?

MAIRA: Encourage them to drink and eat more often so they don't become dehydrated or malnourished. Also, give them rehydron.

DARGER-AGA: That's right. I am proud of you. Older babies and children who have already been introduced to foods other than breast milk may be given them. Please pay especial attention to nutritious solids foods such as grated cereals with vegetables or meat and carrot puree. Also, after your child is better continue to feed him an extra meal each day for the following two weeks to help him/her regain the weight lost during the illness and replenish the body's necessary water, vitamins, and minerals.

MAIRA: Thank you very much, Darger-aga! Now I will go home, breastfeed Armanchik, give him Rehydron and watch my other children carefully. Then I will be waiting for you, Darger-aga.

DARGER-AGA: I will come to you, but you have to watch Armanchik. If you observe any of the following symptoms: high temperature, repeated vomiting, lethargy or irritability, blood in his stool, excessive thirst, not wanting to drink or suck from the breast – then you must go to a doctor immediately.

MAIRA: He hasn't had any of those symptoms except liquid stools for several hours, nevertheless I will keep the symptoms in mind and I will be very careful.

DARGER-AGA: I'll come soon. You have started the treatment in time to stop this disease and your Armanchik will recover! And the treatment again is...?

MAIRA: More food and liquids day and night.

Radio Play 4

Cough, Cold, High Temperature

(Musical accent)

(City noise. Car horns etc.)

VOICES: Darger-aga! Darger-aga has come!

DARGER-AGA: Hello, my dearest! How are you? Good morning, Valentina Petrovna!

VALENTINA PETROVNA: Our Cheery Fellow is not merry today. Nobody could call him cheery.

DARGER-AGA: What's up?

VALENTINA: His two daughters are sick.

CHEERY FELLOW: They seem to have caught terrible colds.

DARGER-AGA: (*alarmed*) Do they have a cough, and a high temperature?

CHEERY FELLOW: They have a cough, high temperature, and terrible running noses! Poor girls!

DARGER-AGA: Rapid breathing or difficulty breathing?

CHEERY FELLOW: No, they haven't.

DARGER-AGA: This is very important. If the girls' breathing is two or three times more rapid than yours that means the situation is very dangerous or if the child is having difficulty breathing that is also dangerous. Rapid and difficult breathing is the first symptom of pneumonia. Don't waste time - call a doctor!

Also, when a child has a running nose it is better to use soft disposable paper tissue one time and throw it in the trash than a handkerchief. This is because germs are contained in the liquids that come from the nose. If you prefer to use a handkerchief make sure you change it several times a day and wash them often. Running noses, and common colds, should be treated to avoid pneumonia. Your primary care physician will assess whether a virus or bacteria caused the sickness. If it has been caused by bacteria, the primary care physician will prescribe an antibiotic, but if the common cold was caused by a virus, antibiotics will not help because antibiotics do not kill viruses – antibiotics only kill bacteria. I do not want to scare you but 2.5 million children die of pneumonia annually.

In addition, you should give your daughters warm boiled liquids such as warm and safe drinking water. The girls should be dressed warmly but not overdressed. Keep the nose of your child clean and relieve pain in the throat and from coughing by using medicines recommended by the physician.

VALENTINA: What about their appetite? Is it important to watch this or not?

DARGER-AGA: Valentina Petrovna asked the right question. Many children lose their appetite when they have pneumonia.

CHEERY FELLOW: My two have a good appetite but they constantly want to drink.

DARGER-AGA: Give them warm liquids with raspberry or blackcurrant jam, or lemon. But I am worrying! It is very important to treat common colds especially if the child seem to be worsening or becoming lethargic and irritable. Therefore after answering any other questions I will look at your daughters myself, evaluate them and prescribe treatment.

CHEERY FELLOW: Great! Thank you, Darger-aga!

VALENTINA: One month ago my daughter caught cold which turned to pneumonia. She recovered but is still very weak. I try to feed her better and I give her fruit, vegetables and meat.

DARGER-AGA: You are do everything right, but it is a pity that you were unable to prevent the pneumonia.

VALENTINA: I didn't know then that I should have paid attention to rapid breathing or difficulties with breathing; I didn't realize that it was so serious.

DARGER-AGA: Sometimes parents do not take colds seriously in the initial stages. Every cold, and running nose may leave its track. The best treatment is prevention. "Prevention rather than cure!" Many parents give antibiotics to their children without a physician's prescription. No one should do that! As I stated earlier, antibiotics cannot treat a viral infection. It is possible to relieve pain in the throat by administering warm liquids, mineral water for example or cough drops if your child is old enough to suck them.

CHEERY FELLOW: I will keep it in mind!

DARGER-AGA: Remember, if any of the following symptoms are observed: a high temperature for over three days, difficult or rapid breathing, and lethargy or irritability in the child – you must refer to a doctor! And now I am going to see your daughters.

VALENTINA: Thank you, very much.

CHEERY FELLOW: You are very helpful as usual.

Radio Play 5

Immunization

(Musical accent)

VOICES: Hello, Darger-aga

CHEERY FELLOW: You are so serious today. Do you have some important medical information for us?

DARGER-AGA: Yes, I would like to tell you about one very important thing. You know how often I repeat that wonderful Arab saying: “Prevention rather than cure”, which means that you should take care of the health of children when they are healthy in order to prevent disease before it happens. The best way to do this is through immunization, i.e. a full course of vaccines. Unfortunately, very serious diseases such as TB, diphtheria, whooping cough, tetanus, hepatitis B, mumps and poliomyelitis still exist. Sometimes it is impossible to treat these diseases, BUT they can all be prevented if your child gets vaccinated.

VALENTINA: Does this mean that children can die if they contract these diseases?

DARGER-AGA: Yes, you should know this and you should take vaccinations very seriously so the disease can be prevented in the first place. The physicians and scientists who invented vaccines did a good turn to the whole of mankind.

You see nature gives man a chance to prevent very serious and mostly fatal diseases through vaccinations. For example, if somebody falls sick with measles and gets over it, even if he lives to a hundred - he will not catch measles again. The point is that these diseases do not affect the same person twice and it is the same with vaccinations.

CHEERY FELLOW: Great! Nature feels for us!

DARGER-AGA: The essence of vaccinations is that you are exposed to the disease ever so slightly but your body thinks you have had the disease so you will never have the disease again. That is why when talking about vaccinations we refer to them as immunizations. They give additional immunity, i.e. protection to people.

CHEERY FELLOW: I know that tetanus can't be treated. This is a fatal disease. But it is so easy to fall sick from tetanus by injuring your hand on any sharp and dirty thing – glass, metal, and wire for example.

DARGER-AGA: That is why it is so important to be vaccinated against tetanus so that your body will become immune to tetanus.

MAIRA: And is it possible to inoculate a child when he is older than five years old?

DARGER-AGA: Yes, but it is better to follow the vaccination schedule that is set by your country. Child vaccinations should start at two months or the health of your child is put at risk.

CHEERY FELLOW: It is not a simple cold! Poliomyelitis can make your child an invalid. Hepatitis B destroys the liver. Diphtheria can cause suffocation.

VALENTINA: Complications caused by whooping cough are terrible. We can only see the outside rash on the face of the child, but there is a similar rash inside – on the liver and kidneys. That is why it is better not to delay vaccinations.

MAIRA: All these diseases scare me! I understand though, that by vaccination I am creating immunity for my child by giving it the diseases in a mild form.

CHEERY FELLOW: It is better to be scared than to be late. See your family physician to find out the exact schedule for vaccinations.

KHALIMA-AZHE: In my opinion fear for one's children is a normal maternal feeling.

MAIRA: Well now it's clear to me. Only you, Darger-aga, you explain everything normally. Thank you.

CHEERY FELLOW: I have a small poem about vaccinations: do not be afraid of inoculation, if you inoculate your child before it is two, your child will avoid a thousand troubles. This advice is very useful – prevention rather than cure!

Annex 5: Newspaper Articles

Available in hard copy only.

Annex 6: Printed Materials: English Translation

Keeping Children Healthy Brochure

KEEPING CHILDREN HEALTHY

Their Health Is In Your Hands

HEALTHY HABITS

Your child's health is in your hands. Teach your children to follow these simple hygiene practices so that they will have a healthy future:

1. Wash hands with soap and water after going to the toilet and before preparing or eating food.
2. Use toilets. All children, even the youngest ones, need to know where to go and how to use the toilet. Toilets should be kept clean and covered.
3. Use clean water. Boil water before drinking or using for cooking.
4. Wash and peel fruits and vegetables before eating. Thoroughly cook meat before eating and boil milk before drinking. Cover food and keep away from insects.
5. Use cups and spoons to feed your child; never bottles.
6. Burn or bury household refuse. Keep the house free of flies, cockroaches and mice.
7. After the age of three, teach your child to brush his/her teeth twice a day.

DIARRHEA

One of the main causes of diarrhea in children is poor hygiene. The symptoms of diarrhea are frequent, watery bowels. When your child has three or more watery bowel movements in a 24-hour period, you need to:

1. Refer to a health professional immediately.
2. Wash your hands before and after taking care of your child.
3. Give your child half to one cup of clean (boiled then cooled) water, rice water or oral rehydration solution to drink after each bowel movement.
4. If you are breastfeeding, increase the number of times you nurse your baby.
5. If your child is over six months, give your child small portions of soft foods like cooked cereals, soups, rice, mashed potatoes or sour-dairy mixes (airan, kefir), at least six times a day.
6. Keep your child clean. Wash soiled clothes and linen.
7. If your child vomits, wait ten minutes and then give him/her one teaspoon of Oral Rehydration Solution (ORS) every two to three minutes, over several hours.
8. Once your child is well, feed him a little more food daily for the next two weeks.

Oral Rehydration Solution (ORS)

You can buy packets of ORS in pharmacies. TO use, mix one packet in one liter of clean, boiled and cooled water. Give to child as directed, and throw away any leftover ORS after 24 hours.

In case you can't find ORS packets, you may use rice water as an alternative.

Rice Water

- 2 tablespoons rice

- 1 liter of water
- Salt to taste

Boil rice in the water for one hour. Drain the water and let the water cool slightly before giving it to your child to drink.

Diarrhea Danger Signs

Take your child to a medical worker if he/she has the following danger signs:

- Refusing to eat or drink
- Frequent vomiting
- Becomes worse or shows no improvement
- Blood in stool
- High fever
- Extreme thirst

COUGHS, COLDS AND FEVERS

Children come down with colds, coughs and fevers, but a healthy child can get well in a few days. For typical coughs, colds and fevers:

1. If you are breastfeeding, increase the number of times you nurse your baby.
2. Frequently give your child boiled water.
3. Give your child small portions of cooked cereals, soups, rice, mashed potatoes at least six times a day.
4. Keep your child warm but not hot. If your child's temperature is over 38.5 degrees, give him/her a sponge bath with room temperature water.
5. Wipe your child's nose.
6. Give your child fresh air. Do not let people smoke near your child.
7. Your child will need plenty of rest. Keep brothers and sisters away so that they do not also get sick.
8. After an illness, your child needs to eat a little more each day. Give him/her extra fruits, vegetables and meat to eat during the day.

Danger Signs

Coughs and colds can lead to pneumonia! **Take your child to a medical worker if he/she has the following danger signs:**

- Rapid breathing (if your child breathes two or three times as fast as you)
 - Labored or loud breathing
 - Running a fever for more than three days
 - Unable to hold down liquids or refusing food or drink
 - Becomes worse or shows no improvement
- If your doctor prescribes any medicines, be sure to follow his/her instructions completely. Make sure you know: how often, how much and how long to give the medicines for.

IMMUNIZATIONS

Planning a healthy future for your child means planning a few trips to the doctor. Immunizing your child will prevent many serious diseases:

AGE	IMMUNIZATION
Birth	Tuberculosis, polio, and hepatitis B
2 months	DPT (Diphtheria, whooping cough, tetanus), polio, hepatitis B
3 months	DPT (Diphtheria, whooping cough, tetanus), polio
4 months	DPT (Diphtheria, whooping cough, tetanus), polio, hepatitis B
1 year	Measles, mumps

1.5 years	DPT (Diphtheria, whooping cough, tetanus)
6 – 7 years	Diphtheria, tetanus, measles, TB

HEALTHY EATING

Bread and jam are good for breakfast but they are not enough! Your child needs a diet with plenty of protein, vitamins and nutrients. A healthy daily diet includes:

1. Foods for growth – meat, fish, chicken, eggs, beans, milk and milk products.
2. Foods for fitness – fruits and vegetables.
3. Foods for energy – rice, potatoes, bread and other grains.

Each meal should have at least one food for growth, one for fitness and one for energy. Give your child healthy snacks throughout the day.

Healthy Snacks

Almonds, apples, apricots, cut up carrots, oranges, tomatoes, walnuts

Recipe for a Healthy Treat (for kids over one year old!)

- *Cut up dried fruits such as apples, apricots and raisins.*
- *Add chopped walnuts, almonds or other nuts.*
- *Mix with honey. Roll into balls and serve as a snack anytime during the day.*

A healthy diet will protect your child from coughs, colds and other serious illnesses. It will ensure that your child grows up to be physically strong and mentally alert.

ANEMIA

Every second baby in Central Asia is an anemic one. Anemia in children is caused by insufficient iron in their diets. To prevent anemia, make sure your child is:

1. Eating foods rich in iron like meat, liver, fish, rice, apples and other fruits and vegetables.
2. Not drinking tea. Tea prevents the body from absorbing iron. Instead, you can give the child boiled, then cooled water.
3. Eating foods rich in vitamin C, such as cabbage, potatoes, tomatoes, berries, fruits and fresh green herbs and vegetables. Vitamin C helps the body absorb iron.

You should talk to your doctor about giving your child iron pills as a supplementary source of iron.

GOITER

In Central Asian countries the concentration of iodine in soil, water and foods is insufficient. Thus many children get too little iodine in their diet. Lack of iodine will delay the mental and physical development of your child.

Luckily using IODIZED SALT can eliminate this problem. Foods with some iodine include: walnuts, persimmons, seaweed, and walnut tea.

To get enough iodine, though, children in Central Asia should take "antistrumine" tablets (potassium iodide). Your doctor will tell you what dose of "antistrumine" is right for your child.

HEALTHY MOMS HAVE HEALTHY CHILDREN

Pregnant women need to take extra care of themselves. If you are pregnant, be sure to:

1. Get plenty of rest and fresh air

2. Eat well-balanced meals. Don't drink tea with your food, as tea prevents your body from absorbing iron.
3. Take vitamins like iron and calcium tablets at your doctor's recommendation.
4. Use iodized salt and get treatment for goiter problems.
5. Don't smoke or drink alcohol.
6. See your doctor regularly.

Once the baby arrives, nursing mothers need to continue eating balanced meals and drinking plenty of clean water.

BREASTFEEDING

Mother's milk is the best source of nutrition for babies. Mothers must not give their babies' tea or juice. Breast milk has all the liquid a baby needs. If you are nursing and do not eat properly, your milk still contains all the essential nutrients and vitamins your baby needs. And in summer, even if it is hot outside, breast milk is cool and safe. Breast milk is the best food and drink for your baby.

For the first six months, babies only need breast milk! Breastfed babies are healthier babies: they have fewer allergies, illnesses and infectious diseases.

After six months, you can begin giving your baby soft foods. But keep nursing until your baby is at least two years old.

Talk to your doctor about planning your child's nutritional needs. Remember, your children's health is in your hands.

For more information on how to keep your child healthy, read Facts for Life, a UNICEF publication.

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Diarrhea Leaflet

HOW TO TREAT DIARRHEA UNDER HOUSEHOLD CONDITIONS

Booklet for parents

Diarrhea is a frequent watery stool. Diarrhea is an intestinal infection caused by bacteria, viruses, or parasites that have been swallowed by the child. Unclean food or water, and contaminated fingers can transmit these organisms. **Diarrhea can cause dehydration.**

Dehydration is the loss of a large amount of water and minerals from the body. This is extremely important because dehydration remains a major cause of death in infants and children worldwide. **As soon as your child has diarrhea: give him/her liquid more often than usual in small portions day and night to avoid *dehydration*.**

When to Take Your Child to the Health Facility Immediately:

If your child is experiencing any of the following symptoms:

Child cannot drink/suck a breast, drinks poorly or has excessive thirst
State of the child is getting worse: lethargic or irritable
High temperature (37,5° and over)
Repeated frequent vomiting
Blood in stool

It is not safe to go without health care when these symptoms are present.

What a Child Should Drink:

The following liquids are recommended for children with diarrhea. They should be drunk frequently throughout the day:

Oral rehydration solution – ORS/Regidron: ORS/Regidron can be purchased in the pharmacy as packets of powder. It is critical that the directions are followed during preparation. ORS/Regidron is absorbed more quickly and completely than plain water.

Liquid-Based Foods: If the child is six months or older feed him/her liquids-based foods such as soup, rice water (after cooking the rice) and kefir (yogurt) if he/she has already been exposed to such foods before.

Breast Milk: If your child is being breastfed, feed him/her daily and nightly more often and for longer than usual and give him/her ORS. Breastfeeding is best for your child.

Drinking water (boiled and then cooled): but this is not as good as ORS.

Avoid drinks with excessive sugar: such as fruit juices, since they can worsen diarrhea.

What/How a Child Should Eat:

It is very important to give your child enough food according to his/her age when he/she has diarrhea.

Breast Milk: Breastfeed him/her more often and for longer. Remember that mother's milk contains all the nutrients needed for your child.

Nutritious Solid Foods: If your child is weaned or is six months or older and he/she gets solid foods in addition to breast milk, continue to give pre-exposed food enriched by nutritious substances:

- **Grated cereals** mixed with vegetables or meat. Add one or two teaspoons of vegetable oil or butter to make it more energy-rich.

- **Vegetable puree** (potatoes, carrots)

Feed the child often and diversely: at least six times a day in small portions when the child is sick to help the child maintain nutrients and weight.

Feed an Extra Meal: Once the diarrhea has ceased, an extra meal should be given each day for two weeks to help the child regain weight lost during the illness.

Medicines

Do not give your child any medicines other than the oral rehydration solution brought from the pharmacy until a healthcare professional sees your child. If not administered properly and under a physician's care, medicines are strong and can harm your child. **In most cases medicines are not needed.**

You can prevent diarrhea by:

Exclusive breastfeeding during the first six months of a child's life continuing to two years of age once other foods have been introduced.

Feeding the child freshly cooked food and clean boiled drinking water only.

Using clean cups and spoons instead of a bottle.

Washing hands before cooking or eating, and after using the toilet (all family members).

Correctly disposing of a child's stool (down the toilet or burying it).

ARI Leaflet

HOW TO CARE FOR A CHILD WITH A COUGH OR ARI IN THE HOME

Booklet for parents

ARI means acute respiratory infection and includes infections in any area of the respiratory tract including the nose, ears, and throat. Viruses and bacteria cause ARI infections. Viruses are the commonest cause of ARI infections.

When to refer immediately to the health facility:

If your child is experiencing any of the following symptoms:

Child cannot drink/suck a breast, drinks poorly or has excessive thirst

State of the child is getting worse: lethargic or irritable

High temperature (37,5°and over) for three days

Difficulty breathing

Rapid breathing

It is not safe to go without health care when these symptoms are present

Remember:

Your child's cough or ARI may worsen and turn into pneumonia if not treated properly!

Keep the nose of your child clean.

Relieve pain in the throat and from coughing by using safe liquids such as breast milk, warm boiled water, milk and mineral water.

Keep your child warm but do not overdress him!

Breastfeed your child day and night for more often and for longer than usual.

Give your child plenty of warm fluids as often as possible.

If a virus causes the cough or ARI of your child, antibiotics will not help because they do not kill the viruses. Follow your physician's advice:

Your child does not need antibiotics

Treatment is as follows:

–
–
–

If bacteria cause the cough or ARI of your child, antibiotics will help because they do kill bacteria. Follow your physician's advice:

Your child needs antibiotics:

Dose

How often

How many days

You have to come for a repeat checkup

Date:

Mother's Poster

Poster

Dear parents,

In order to make your child happy:

Love your child,

Love each other,

Love yourself!

Put a photo of your child here.

A child is not only a fun but also a big responsibility:

Take care of his health,

Take care of your health,

Because a child needs healthy parents.

Correct, healthy feeding is one of the most important factors for the healthy development of your child.

0-6 months

The best food for your child during its first six months is breastfeeding. Breast milk digests well and protects against allergic diseases, decreases the risk of infections and costs nothing.

Breastfeed as often as the child wants day and night, and at least eight times in 24 hours.

Do not give the child other foods or fluids: **No water, no tea, no juices** (carrot, beet or fruit ones), **no artificial mixes and other types of milk, and no porridge** (for example semolina).

6-12 months

The best food for your child is breastfeeding. Breast milk is the source of 1/3 of all nutrients needed for the child during this period as well.

Breastfeed as often as the child wants day and night: at least eight times in 24 hours.

Add complementary foods after breastfeeding. Add complementary foods gradually – introducing each product consistently and with intervals of 3-4 days to avoid allergy.

Give the child the following foods:

- thick boiled rice, semolina or boiled buckwheat,
- family foods: potatoes, carrots, beets, pumpkin, pasta, dough and bread.

These foods should be cooked well and kneaded.

After introducing these foods start giving the child curds and grated non-fat meat.

Feed the child three times per day if breastfed.

12 months and older

Give family foods that contain the following:

- cooked small-cut vegetables: potatoes, carrot, beets and pumpkin;
- cooked grated or small-cut non fat meat; and
- eggs and dairy produce: curds, kefir and airan.

- Feed the child five times per day, including a morning feed:
- family foods three times per day; and
- two complementary foods: fruits, vegetables or kefir.

Give the child at least 300-350 ml of food (1,5-2 glasses) at main meals.

Vary the foods daily.

Food should be freshly cooked only.

Your child needs a healthy diet to grow healthy, strong, smart and happy!

Food pyramid giving recommended proportions of food after the first year of life.

Vaccination calendar in the Republic of Kazakhstan

It is recommended that you fill in the following table of vaccination.

Age – 0-4 days, 2 months, 3 months, 4 months, 12 months, 18 months

Vaccines: hepatitis, TB, poliomyelitis, whopping, diphtheria, tetanus, measles, parotitis.

Remember! In time vaccination will keep your child healthy.

Measure your child every month and note the relevant indices of growth and weight for your child to be sure that he/she is growing normally.

Diagram of weight – kg and age (months), **diagram of growth** – cm and age (months).

Keep the growth and weight of your child increasing monthly.

Your history:

First smile

First time baby holds their head up

First time baby turns over

First time baby crawls

First time baby sits

First words

First time baby stands up

First steps

Funny words and expressions

Annex 7: Nurses Competition

FGP/Nurses Competition:

Purpose:

To give the entire FGP nursing staff incentive for participating in the “Keeping Children Healthy” Campaign. The Nurses will receive points according to how well they do each of the four tasks. Weight will be given to the FGPs for doing education at the beginning of the project as compared to the end.

The three nurses who have achieved the most points will be given the opportunity to travel to Almaty to participate in a nurses training course relating to IMCI issues. In addition to the training, the FGPs where the nurses are assigned will receive an adult scale, baby scale, blood pressure cup, and a stethoscope.

Contest Components:

The contest will have several components with an emphasis on education and health promotion. The following are the key activities of the Nurses Competition:

1. Lectures in kindergartens, universities, factories, etc.
2. Information distribution (brochures and flyers)
3. Information stations
4. Creation of mothers’ groups, kindergarten teachers’ groups, and/or grandparent groups

Each nurse must receive points in ALL FOUR CATEGORIES to be able to receive an award:

1. Educational Lectures:

The nurse together with a trained FGP doctor in their FGP will give an educational lecture on any issue related to IMCI. At the end of each lecture, the FGP personnel giving the lecture will send a piece of paper around so that each student can write down his or her name and telephone number as having heard the lecture. The telephone number is important for enabling random spot checks later. These lists will be turned in and counted. In addition, lecture notes must be turned in with the paper to verify the topic. For every 20 people who come to a lecture in December and for every 30 people in January the nurse will receive three points. This will encourage the nurse/doctor to give lectures earlier in the contest rather than later.

FGPs must turn in their list to the jury on the twentieth of every month. From these lists names will be taken randomly and called to see if the person actually heard the lecture, what their thoughts about the quality of the information received was, and if they felt that this type of community involvement was valuable. If the person heard the lecture, points will be given accordingly. If the person did not hear the lecture, the whole list will be disregarded. A nurse can receive an unlimited number of points during the course of the contest.

2. Flyer Distribution. – “Keeping Children Healthy Brochure”:

The FGPs will be required to distribute flyers throughout their area. The number of required brochures for distribution will depend on the number of the population enrolled. The FGP must paste the brochure on the front of the stairwell entrance or near the mailboxes of the apartment buildings, and also put them in individual mailboxes.

To spot check, the FGP will provide a list of where they distributed the flyer and the number of flyers distributed. The lists are due by December 20th and January 20th. Monitors will then randomly choose ten stairwells in each FGP region and ten households. The stairwells will be checked to see that they display the flyer. In the household, an individual will be asked if they have seen the flyers. Each nurse will receive 0.25 points for each stairwell with a flyer and each house where someone has seen the flyers. A nurse could, therefore, receive a total of five complete points during the contest. Monitoring will take place in December.

3. Information Stations:

A nurse must produce a booth, information display, or a corner with up to date medical information on IMCI issues in at least one outside facility and their own FGP. The information station must state the name of the nurse/FGP as well as their contact information including the address and telephone number. Examples of an outside facility are kindergartens, factories, stores, transit stations, universities, bazaars, training halls, etc. The outside facility may be out of the FGP area.

The nurse needs to supply a list of these additional sites to FGPA by January 20. The monitoring team will randomly visit each site to check if the information stations are medically correct and pleasing to the eye. If the information stations are medically correct the nurse will receive two points for each information station developed. A total of 50 points may be earned each time the stations are monitored.

4. Creation of mothers' groups, kindergarten teachers, and/or grandparent groups:

Currently, most nurses are not trained in IMCI issues. The nurse together with a trained IMCI doctor should therefore create a venue for groups to discuss IMCI issues. Each nurse will receive two points for establishing the group, two points for organizing weekly meetings that will have met at least four times in the two month contest period, and in addition the nurse will receive two points every time the group meets.

The nurse must write up a schedule of the proposed meeting and topics for discussion. This must be given to OLGA prior to the group's meeting. During the meeting a piece of paper should be passed around so that the guests can write their name and telephone number as having been at the meeting. The telephone number is important for enabling random spot checks at a later date, as in the education lecture. These lists should be turned in each week to OLGA.

Duration of Contest:

November 21, 2000 through January 21, 2001

Panel of Judges:

Olga G (ZdravPlus), Victoria (ZdravPlus Journalist), Oblast Health Department Representative, IMCI and WHO Representatives. These people will monitor the results and the contest. At the beginning of the contest the duties will be split, with everybody in agreement about what they will be responsible for monitoring, and a meeting will take place every other week to tally the numbers.

The numbers will be publicly displayed so that at the end of each two-week period nurses can see their position in the competition.